FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ٠,٠ TOTAL TOTAL TOTAL DEP. TOTAL CLAIMS TOTAL DEP. TOTAL CLAIMS *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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